

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P93000018944

FILED
Jan 03, 2003
Secretary of State

Entity Name: REYNOLDS & REYNOLDS OF FLORIDA, INC.

Current Principal Place of Business:

300 CROWN OAK CENTRE DRIVE
#110
LONGWOOD, FL 32750 US

New Principal Place of Business:

Current Mailing Address:

ALVAREZ, SAMBOL, WINTHROP & MADSON, P.A.
P.O. BOX 3511
ORLANDO, FL 32801 US

New Mailing Address:

FEI Number: 58-2036963 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WINTHROP, GRIFFITH J III
111 NORTH ORANGE AVENUE
SUITE 2000
ORLANDO, FL 32802 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: REYNOLDS, STANLEY J
Address: 5907 WINDSOR DR
City-St-Zip: DES MOINES, IA 50312

Title: D () Delete
Name: FRY, RONNIE J
Address: 518 ONE CENTER BLVD., K-306
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D () Delete
Name: JOHNSTON, JEAN E
Address: 117 S 33RD
City-St-Zip: WEST DES MOINES, IA 50265

Title: D () Delete
Name: FAZEKAS, PAUL JR
Address: 122 HEATHER HILL
City-St-Zip: LONGWOOD, FL 32750

Title: D () Delete
Name: WILLIAMSON, J. EDGAR
Address: 7201 N.W. 54TH COURT
City-St-Zip: JOHNSTON, IA 50131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL FAZEKAS, JR.

D

01/03/2003

Electronic Signature of Signing Officer or Director

_____ Date